

TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER 30 PROVIDENCE ROAD GRAFTON, MASSACHUSETTS 01519

(508) 839-5335 ext 1120 • FAX (508) 839-4602

planningdept@grafton-ma.gov www.grafton-ma.gov

FORM A

APPLICATION FOR ENDORSEMENT OF PLAN BELIEVED NOT TO REQUIRE APPROVAL (ANR)

	Application No. HVR 2032-92								
1.	OWNER OF RECORD: Frederick C Ferry, III								
	STREET /P.O. Box 18 Leland St CITY/TOWN Grafton								
	STATE MA ZIP 01519 TELEPHONE								
	Deed recorded in the Worcester District Registry of Deeds: Book 10180 Page 47								
2.	NAME OF APPLICANT: Johnny's Auto & Light Truck Repair, LLC - John Inzitari								
	STREET /P.O. Box 277 Upton Street CITY/TOWN Grafton								
	STATE MA ZIP 01519 TELEPHONE 774-293-5074								
3.	ENGINEER / LAND SURVEYOR: Guerriere & Halnon, Inc Jeffrey Stefanik, PLS								
	STREET /P.O. Box PO Box 235 CITY/TOWN Milford								
	STATE MA ZIP 01757 TELEPHONE 508-473-6630								
4.	NAME OF AGENT / CONTACT PERSON:								
	STREET /P.O. Box CITY/TOWN								
	STATE ZIP TELEPHONE								
5.	LOCATION OF LAND: on the westerly side of Upton St								
	feet of (Street)								
	(Direction) (Street)								
	Total Acreage 3.44 & 1.32 Zoning District(s) (including overlay zones)A								
	ASSESSOR'S MAP(S) 102 LOT #(S) 36 & 36A								
6.	Has the Zoning Board of Appeals, Planning Board or Board of Selectmen granted any variance, exception, or special permit concerning this property? Yes No _X								
7.	List all contiguous holdings in the same ownership (as defined in the Subdivision Regulations)								
	Map(s)Lot(s)								
8.	Affidavit by Engineer / Land Surveyor who stamped/signed the plan that all items required are shown (enclosed attested document),								
	Applicant's Signature Date: 1-28-20 Property Owner's Signature (if not Applicant) Property C. Property Owner's Signature (if not Applicant) Property C. Property Owner's Signature (if not Applicant) Property C. Property Owner's Signature (if not Applicant) Property Owner's Signature (if not Applic								

Affidavit ANR Plan Submittal

I,, Jeffrey J Stefanik, PLS,									
	(1)	lame of Su	veyor/En	gineer	- Please Prin	1)			
hereby attest that all and completely sho			by the G	rafton	Subdivision F	tules and Regulations, is accurately			
dated February	9, 2022		,						
regarding MAP(s)	102	LOT #(S)	36 & 36	5A	_				
on	_ in the Town of Grafton.								
	(prop	erty addres	B)						
	Signature:		An			3-2-5-5			
	Address	Guer	riere & H	alnon,	Inc.				
		PO	Box 235						
	City / Town_	Mi	lford						
	StateN	ΛΛ		ZIP_	01757				
	Plione:	508-473	-6630						



TOT CHISTING

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Phone: (508) 839-5335 ext 1170 * FAX: (508) 839-4602 www.grafton-ma.gov

TREASURER / COLLECTOR

Certificate of Good Standing

Applicants seeking permits with the Town of Grafton must submit this completed form at the time of application. When all obligations are paid to date, you must attach this "Certificate of Good Standing," with your application. Delinquent bills must be paid in full before the appropriate department accepts your application. Please make arrangements to pay these outstanding bills at the Collector's Office.

Please note: it can take up to three (3) business days to process each request.

Please check all that apply and indicate if permit(s) have been issued.

	Permit Yes	Issued? No			Permi Yes	t Issued? No		
Building - Inspection(s)			□Se	ptic System				
Building - Electric			□Cc	nservation				
Building – Plumbing			■Pla	anning		X_		
Board of Health	20,55		□Ot	her				
ther Permit:								
Guerriere & Halnon, It	nc.		Fre	derick C Ferr	y, III			
Petitioner Name			Pro	Property Owner / Company Name				
PO Box 235	18 Leland Street							
Petitioner Address			Property Address					
Milford, MA 01757	Grafton, MA							
City, State, Zip				, State, Zip				
508-473-6630 SPultz@Gandl/Engineer	ine com							
Phone								
Date:		Curr	ent	Delinqu	ient	N/A		
Real Estate								
Personal Property								
Motor Vehicle Excise								
Motor Vehicle Excise Disposal						1/		

Freasurer / Collector Signature

Date

Form Revised: 01/22/2014

Treasurer / Collector Name (please print)



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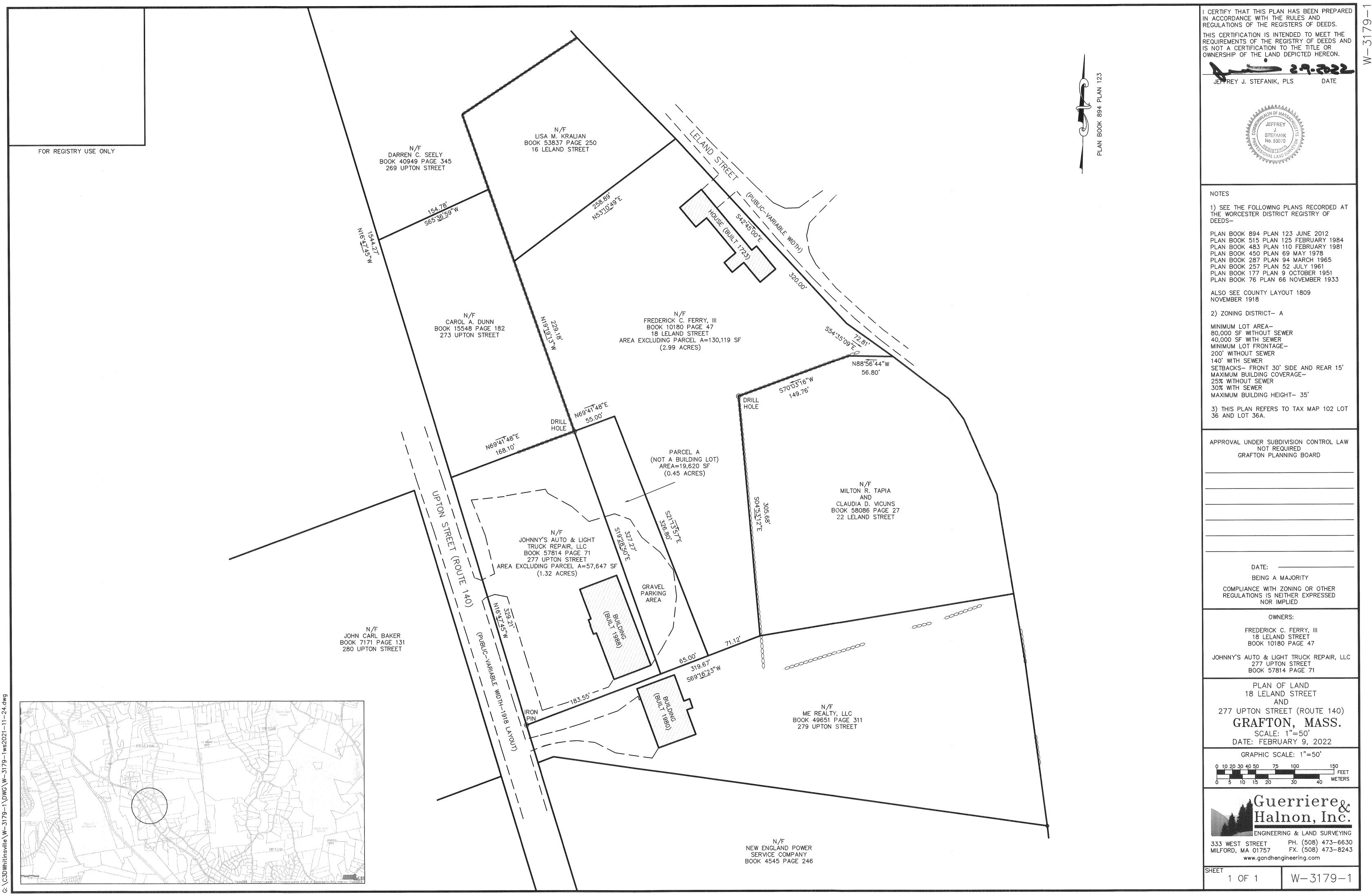
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	Permit Yes	ssued?		Perm Yes	it Issued? No				
□Building - Inspection(s)			□Septic Sys	stem					
□Building – Electric			□Conserva						
☐Building - Plumbing			■Planning		X				
□Board of Health		□Other							
Other Permit:					· 44				
Guerriere & Halnon, In	ic.		Johnny's A	auto & Light Tri	uck Repair, LLC				
Petitioner Name				vner / Company N	ame				
PO Box 235		277 Upton	277 Upton Street						
Petitioner Address			Property Ad	Property Address					
Milford, MA 01757			Grafton, MA						
City, State, Zip				City, State, Zip					
508-473-6630 SPultz@GandHEngineer	ina aam								
Phone	mg.com								
Date:		Curre	nt D	elinguent	N/A				
Real Estate		/							
Personal Property		V/							
Motor Vehicle Excise			- 1 mm		1				
Disposal									
General Billing			A						
easurer / Collector Name (pleas	MQ()	Trea	surer / Collector S	Wature Hold	W 2/24/20				

Form Revised: 01/22/2014

Treasurer / Collector Name (please print)



333 WEST STREET PH. (508) 473-6630 MILFORD, MA 01757 FX. (508) 473-8243 PH. (508) 473-6630